

Applicant Review Panel
Application Review and Quality Control Sheet

Applicant Name: Joanna Ballera

Date Received: 2/21/13 **Applicant Number:** 5068

Recommended Applicant Pool Status:

☒

Included

☐

Removed

Final Applicant Pool Status:

☒

Included

☐

Removed

REQUIREMENTS:

1. Was the application received before the submission deadline?

☒

Yes

☐

No

If NO, list time/date application was received: _____

2. Is the application complete?

☒

Yes

☐

No

If NO, list the item(s) that need to be completed:

3. Indicate how the applicant responded to the following questions:

A. Reside in the City of Austin?

☒

Yes

☐

No

B. Currently licensed CPA by the TSBPA?

☒

Yes

☐

No

If YES, list the license number: 083309

- i. Was the license number verified against TSBPA data?

☒

Yes

☐

No

C. Has at least 5 years of auditing experience?

☒

Yes

☐

No

If YES:

- i. Did the applicant list at least 5 years of audit experience?

☒

Yes

☐

No

- ❖ **Follow-up needed related to REQUIREMENTS?**

☐

Yes

☒

No

If YES, identify issue(s) addressed and disposition:

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?

☐ Yes ☒ No

If YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?

☒ Yes ☐ No

If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**

☐ Yes ☒ No

If YES, identify issue(s) addressed and disposition:

Application Reviewed By: <u>BL</u>	Review Date: <u>2/22/13</u>
Quality Control Review By: <u>pull</u>	QC Review Date: <u>2/22/13</u>
Follow-up Contact(s) Reviewed By: <u>ala</u>	Date: _____